

**Surveyor Training Worksheet
OBQM & OBQI Reports
Pre-Survey Process and Sample Selection**

Adverse Event Outcome Report

Tier 1 AE Outcomes

	Any Patients Listed?	Difference ≥ Two Times Ref. Value?	Area for Focus (check box)	Record Review* (check box)	Home Visit*
• Emergent Care for Injury Caused by Fall or Accident at Home	Y <input type="checkbox"/> N <input type="checkbox"/>	N/A	<input type="checkbox"/>	<input type="checkbox"/>	yes
• Emergent Care for Wound Infections, Deteriorating Wound Status	Y <input type="checkbox"/> N <input type="checkbox"/>	N/A	<input type="checkbox"/>	<input type="checkbox"/>	yes

Tier 2 AE Outcomes

• Emergent Care for Improper Medication Administration, Medication Side Effects	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
• Emergent Care for Hypo/Hyperglycemia	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
• Substantial Decline in ≥ Three Activities of Daily Living	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	no
• Discharged to the Community Needing Wound Care or Medication Assistance	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	no
• Discharged to the Community Needing Toileting Assistance	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	no
• Discharged to the Community with Behavioral Problems	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	no

OBQI Outcome Report

	30 Patients? (check if yes)	Difference from Ref. Value?		Statistically Sig.? (check if yes)	Outcomes for Focus (check two)**
• Improvement in Upper Body Dressing	<input type="checkbox"/>	≥ 10% lower	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Improvement in Bathing	<input type="checkbox"/>	≥ 10% lower	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Improvement in Transferring	<input type="checkbox"/>	≥ 15% lower	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Improvement in Ambulation/Locomotion	<input type="checkbox"/>	≥ 7% lower	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Improvement in Management of Oral Medication	<input type="checkbox"/>	≥ 10% lower	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Improvement in Dyspnea	<input type="checkbox"/>	≥ 15% lower	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Improvement in Urinary Incontinence	<input type="checkbox"/>	≥ 20% lower	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Acute Care Hospitalization	<input type="checkbox"/>	≥ 10% higher	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Improvement in Pain Interfering w/Activity	<input type="checkbox"/>	≥ 15% lower	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Improvement in Status of Surgical Wounds	<input type="checkbox"/>	≥ 10% lower	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OBQI Case Mix Report

Acute conditions or diagnoses statistically sig. and > 15% higher than ref.***

* Select one to two records and one to two HV w/RR for areas for focus.

** Select one to two HV w/RR for patients eligible for focus outcome.

***Select one to two HV w/RR and (opt.) one to two RR w/o HV.

Surveyor Training Worksheet

Monthly Submission Statistics Report and Error Summary Report by HHA (for past six months) **Pre-Survey Process and Information Analysis**

OASIS Monthly Submission Statistics Report

Is HHA submitting data less often than monthly? Y ☐ N ☐

Does HHA have >20% rejected records? Y ☐ N ☐

If yes to either probe, investigate:

- HHA policies/procedures for receiving, tracking, data entering and transmitting OASIS data and correcting clinical records. Do HHA processes follow policies/ procedures? Y ☐ N ☐
- If another organization (vendor, corporate office, etc.) submits data for the HHA:
 - Is there a written contract covering the arrangement? Y ☐ N ☐
 - Does the other organization provide feedback reports to the HHA? Y ☐ N ☐
- For 4-6 records selected for clinical record review, ask the HHA for a printout of a final validation report showing that at least one assessment (e.g., SOC, F/U, Discharge) was received by the state. (Because the HHA may not yet have submitted data for more recent assessments, it will be necessary to select patient assessments that were completed one to two months prior to the survey.)
 - Can the HHA provide the requested final validation reports? Y ☐ N ☐
 - Was at least one assessment per record (e.g., SOC, F/U, Discharge) received by the State? Y ☐ N ☐
- If there is a high percentage of rejected records:
 - Is there a legitimate reason (e.g., a large batch of records was sent twice, and all records in the second batch were rejected)? Y ☐ N ☐
 - Can the HHA verify that its software conforms to CMS standards? Y ☐ N ☐

OASIS Error Summary Report by HHA

Do the following errors appear on the report?

102 (Inconsistent Lock date) Y ☐ N ☐
(warning)

262 (Inconsistent M0090 date; RFA 4 must be done on an every 60-day cycle) (warning) Y ☐ N ☐

1003 (Inconsistent effective date sequence) (warning) Y ☐ N ☐

1002 (Inconsistent record sequence) (warning) Y ☐ N ☐

Threshold met or exceeded?

≥20% Y ☐ N ☐

≥20% Y ☐ N ☐

≥10% Y ☐ N ☐

≥10% Y ☐ N ☐

If yes, determine if the HHA's processes:

Ensure the 7-day lock requirement is met (Assessment forms are completed, reviewed, corrected as needed, and data entered and locked within a 7-day period).

Ensure that recertification assessments are completed between day 56 and day 60 of the certification period (HHA has system for notifying clinician that recertification is due and tracks incoming recertification assessments to ensure timely completion).

Track submission of complete patient episodes (SOC/ROC and corresponding Transfer or Discharge assessment for each patient).

Track that assessments are submitted in the order they were conducted (e.g., SOC data are entered and submitted prior to recertification data).